

## LETTER TO PET GUARDIAN FORM

This letter contains important information and instructions for the care of my pets. It is not a legally binding document and is only intended to help my Pet Guardian provide proper care for my pets.

Name of Pet Owner: \_\_\_\_\_ Date Completed: \_\_\_\_\_

The location where vaccine records, health records, and county licenses on my pets can be found is:

\_\_\_\_\_

### Important Contact Information

Name of Pet Guardian: \_\_\_\_\_ Pet Guardian's Phone #: \_\_\_\_\_

Pet Guardian's Mailing and Email Address: \_\_\_\_\_

Name of Executor of Will: \_\_\_\_\_ Executor's Phone #: \_\_\_\_\_

Executor's Mailing and Email Address: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_ Veterinarian's Phone #: \_\_\_\_\_

Veterinarian's Office Address: \_\_\_\_\_

Name of Boarding Kennel: \_\_\_\_\_ Kennel's Phone #: \_\_\_\_\_

Boarding Kennel Address: \_\_\_\_\_

Name of Pet Sitter: \_\_\_\_\_ Pet Sitter's Phone #: \_\_\_\_\_

Name of Groomer: \_\_\_\_\_ Groomer's Phone #: \_\_\_\_\_

Groomer's Address: \_\_\_\_\_

### Description of First Pet

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive markings: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Quantity of Food Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Weight: \_\_\_\_\_ Housetrained: \_\_\_\_ Yes \_\_\_\_ No    Crate Trained: \_\_\_\_ Yes \_\_\_\_ No

Diseases & Injuries: \_\_\_\_\_

Biting or Snapping Issues: \_\_\_\_\_

**Description of Second Pet**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive markings: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Quantity of Food Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Weight: \_\_\_\_\_ Housetrained: \_\_\_\_ Yes \_\_\_\_ No    Crate Trained: \_\_\_\_ Yes \_\_\_\_ No

Diseases & Injuries: \_\_\_\_\_

Biting or Snapping Issues: \_\_\_\_\_

**Description of Third Pet**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive markings: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Quantity of Food Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Weight: \_\_\_\_\_ Housetrained: \_\_\_\_ Yes \_\_\_\_ No    Crate Trained: \_\_\_\_ Yes \_\_\_\_ No

Diseases & Injuries: \_\_\_\_\_

Biting or Snapping Issues: \_\_\_\_\_

**Description of Fourth Pet**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Distinctive markings: \_\_\_\_\_

Brand of Food: \_\_\_\_\_ Quantity of Food Morning: \_\_\_\_\_ Evening: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Weight: \_\_\_\_\_ Housetrained: \_\_\_\_ Yes \_\_\_\_ No    Crate Trained: \_\_\_\_ Yes \_\_\_\_ No

Diseases & Injuries: \_\_\_\_\_

Biting or Snapping Issues: \_\_\_\_\_

**Other Behavior or Health Issues of My Pets Are Noted Below:**

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**Medical Decisions Regarding My Pets**

Check Only 1 of the 3 Choices Below:

I want my pets to receive all medical treatments available to treat any disease, illness or injury they have, including but not limited to, chemotherapy, radiation, acupuncture, massage therapy, dialysis, etc.

I want my Pet Guardian to use his or her discretion and best judgment in determining the type of veterinary care, medications, and medical treatments my pets should receive, taking into consideration the amount of suffering my pet will endure, the likelihood such care, medication or treatment will improve my pet's longevity and quality of life, and the recommendation of the treating veterinarian.

I want my Pet Guardian to ensure my pets receive routine veterinary examinations, medications, pain relievers, vaccinations, preventative medications, steroidal treatments, antibiotics, and surgeries as recommended by the treating veterinarian. However, I do not want my pets subjected to chemotherapy, radiation, dialysis or similar types of treatment that could put my pets through unnecessary pain and suffering that may outweigh the benefits. My Pet Guardian should follow the recommendation of the treating veterinarian to ensure my pet is comfortable and does not experience unnecessary pain. If my pet is experiencing a significant amount of pain that cannot be relieved with medications, my Pet Guardian should use his or her discretion and best judgment in deciding whether to have my pet euthanized.

**Last Wishes Regarding My Pets**

After their death, I prefer my pets be:  cremated  buried

I made arrangements for my pets to be buried at: \_\_\_\_\_

I have not made arrangements for the burial of my pets and leave this decision to my Pet Guardian.

If my pets are cremated, I want their ashes stored as follows: \_\_\_\_\_

Other instructions on the remains of my pets: \_\_\_\_\_

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**Photo of First Pet**

**Photo of Second Pet**

**Photo of Third Pet**

**Photo of Fourth Pet**

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